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ABSTRACT

The Oregon Parent Training Network involves a care training clinic and 21 replication sites serving 510 parents of handicapped and behavior problem children through behaviorally based individualized intervention programs. Parent trainers receive inservice training and followup consultation. Program evaluation results (type of programing, ages served, number of objectives met, number of parent trainers trained, and number of workshops held) indicate that it has been successful in a clinic as well as home setting. Although the model has been replicated in other states, the Oregon network may be the only parent training program with statewide impact. (CL)

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Teaching Research Infant and Child Center

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Prepared by the Staff of Special Education Department

Teaching Research, Monmouth, Oregon 97361 Vol. X, No. 1, December 1981

This is the eighteenth of a series of newsletter editions which will describe the activities of the Teaching Research Infant and Child Center. The Teaching Research Infant and Child Center consists of:

—Integrated Preschool Program: Sue Smiley and Sherryl McGuigan
—Parent Training Clinic: Bill Moore
—Prescriptive Program: Gail Rogers
—Group Home for Severely Handicapped: Dave Templeman
—Elementary Classroom for Severely Handicapped, located in Monmouth-Independence School District: Sue Garner and Barbara Maddox
—Secondary Classroom for Severely Handicapped, located in Monmouth-Independence School District: Nancy Trecker, Sheilah Muthersbaugh, Kirk Hendrickson
—Secondary Classroom for Mildly Mentally Retarded/Severely Emotionally Disturbed, located in Salem School District: Chris Hadden, Vicki Nishioka
—Group Home for Mildly Mentally Retarded/Severely Emotionally Disturbed: Debbie Kraus
—Training Staff: Torry Templeman, Carol Bunse, Tina Farnes, Joyce Petersen, Valerie Miller, Bruce Dalke

This issue of the newsletter describes the statewide Parent Training Network which is a cooperative effort between Teaching Research and the Mental Health Division of the State of Oregon. This issue was prepared by Dr. Bill Moore, Dr. Bud Fredericks and Ms. Gail Rogers.

Introduction

The Oregon Parent Training Network, which consists of a core training clinic at Teaching Research and 21 replication sites located in 21 of Oregon's 36 counties, has been in existence for eight years. A total of 27 parent trainers work in these 21 sites. All were trained at Teaching Research. Thirteen of the parent trainers work in a clinic setting while the remainder work in the parent's home. In both settings, the approach used with the parents is the same.

The Oregon Parent Training Network is conducted as a cooperative effort between Teaching Research and the Mental Health Division of the state. The statewide Network is supported by funds from the Mental Health Division. It is administered through the MR/DD Program Office of the Division under the direction of Dr. William Fink.

The function of a parent training clinic is remedial and not diagnostic; consequently, clinic activities are coordinated with existing diagnostic and referral agencies. If appropriate, parents request that medical, psychological, and academic evaluations, conducted by other agencies, be sent to the clinic personnel. This information aids in the derivation of effective treatment programs. Many diagnostic agencies notify the parents regarding the existence of the clinic but the parents *must* initiate clinic participation.

Parent Training Model

The Oregon Parent Training Network utilizes a model for parent training developed at Teaching Research. The Teaching Research Parent Training Model involves the development of parent competencies in implementation and evaluation of behaviorally based intervention programs. Based on the principles of individualized programming, sequentially prepared remedial programs are provided by the clinic staff for parental use. These programs are designed to facilitate skill acquisition in: 1) self-help

skills; 2) language and communication development; 3)pre-academic and academic skill development; and 4) social adjustment. At the request of parents, and with the concurrence of the child's classroom teacher, classroom management systems are conducted in the school setting for school aged pupils so as to provide a comprehensive therapeutic environment.

In the clinic setting or in the home, parents are taught to conduct programs with their child so that they can effectively teach the child skills or remediate problems they have identified. If the child is a young handicapped infant, the programming would emphasize developmental activities in the motor and communication areas. If the child is an older handicapped child, the programming would typically emphasize self-help, communication and social adjustment. The clinic also serves non-handicapped children who are engaging in inappropriate behaviors that the parents identify as disruptive.

Programs for Handicapped Children

At the Teaching Research parent clinic, if a parent seeks assistance with a young handicapped child, the child is assessed by the clinic staff. Consultation is obtained from a physical therapist for those children entering motor programs who need such consultation. Similar consultation is obtained from the communication therapist. All programs are monitored weekly by the clinic staff, while motor programs are reviewed monthly by the physical therapist and periodically by the communication therapist. Data are maintained by the parents on all programs and modified as the data dictate. This type of programming is continued as long as the parent desires this assistance. In most instances, clinic involvement is terminated when the child enters a preschool program.

Programs for Children With Behavior Problems

Programming in the area of behavior problems follows a slightly different format. During the initial clinic visit, parents are assisted in pinpointing the problem behaviors of their child. The parents are then instructed to obtain baseline data on these behaviors during the following week. On the second clinic visit, the baseline data are reviewed with the parents and they are asked to rank the behaviors by indicating those which they would like to have remediated first, second and so on. Once this has been accomplished, programs are designed to remediate the problems specified by the parent. This entails having the parent with the assistance of clinic staff set objectives for the program, which when they are attained, are an indication that the behavior has been successfully remediated. When the objectives have been set, the parents are provided treatment strategies which they must implement in the home. Results of the implementation of the strategies are monitored on a weekly basis through data which the parents gather. Programs are modified by clinic staff based on the data gathered.

Once a behavioral program objective has been met, active programming in this area is terminated. It is assumed that the parent has acquired the skills to deal with the remediated behavior, should it reoccur. It is also assumed, as a result of training, that the parent is knowledgeable in arranging environments so that the emergence of problem behaviors is minimized. In order to monitor these factors, three, six and twelve month follow-ups are arranged. At these intervals, the parent is asked to acquire data on the remediated behavior for a one-week period. These data are compared to the initial objective set for the behavior to determine if the behavior is maintaining at the remediated level or if it has deteriorated. If it has maintained, no future interaction is necessary until the next follow-up date. If it has deteriorated, the parent is given the option of reestablishing clinic involvement. If this occurs, the parent becomes an active client in the clinic until the specified behavior has been again remediated.

Inservice Training for Parent Trainers

One of the reponsibilities that Teaching Research has to the Parent Training Network is to provide the initial inservice training for all parent trainers who will be working in the Parent Training Network in Oregon. This is done on a contractual basis with the State Mental Health Division. In addition, parent trainers from states other than Oregon are trained under a federal personnel preparation training grant administered by Teaching Research.

Inservice training is conducted on-site in the Parent Training Clinic at Teaching Research. The training lasts for a week and includes practicum work with children in the classrooms at Teaching Research. It also includes working directly with parents who are clients in the clinic at Teaching Research.

The practicum experience is supplemented by lectures and demonstrations designed to provide the trainee with the total concept of the clinic role.

Follow-up to Inservice Training

Once an individual has completed the one week inservice at Teaching Research the expectations are that the trainee will return to his own clinic site and conduct a clinic using the techniques presented in the inservice program. To assist with this on-site development, follow-up is provided by the staff of Teaching Research. Within the state of Oregon, all parent trainers receive follow-up visitations from the staff once every eight weeks.

On these follow-up visits, the staff assists the trainee with any problems they may have in developing their clinic program. In addition, they provide on-site technical assistance to the parent trainers with any cases which they have requested assistance. This assistance may take the form of a review of the client's program or actually sitting-in with the client and his parents and working in concert with the parent trainer.

Technical assistance is also provided via letter or telephone if needed and the parent trainers may bring clients to the Teaching Research Clinic site for assistance if this is deemed necessary.

Follow-up to individuals outside the state of Oregon is conducted on a yearly basis and follows the same format as that described in the in-state visitations.

Workshop Presentations

Twice yearly, once in the fall and once in the spring, Teaching Research conducts a two-day workshop for all parent trainers in the network. These workshops are conducted at Teaching Research with the purpose of presenting major topics of interest that affect all of the parent trainers. The agendas for these workshops vary widely from session to session. Suggestions are solicited from the parent trainers in planning these workshops.

RESULTS

Introduction

The results section has been divided into three separate categories. The categories are Prescriptive Programming, In-Service Training, and Workshops. Each of these sections provides a summary of the results achieved.

Prescriptive Programming

As reported in Table 1, from July, 1979 to October, 1980 a total of 510 families were served in the Network. Of these families 376 requested assistance for handicapped children while 134 requested assistance for children with behavior problems.

Thirty-eight percent of the handicapped children served (N = 194), were in the 0-3 age range while 25% (N = 130) were in the 4-6 range. Thus, 63% (N = 324) of all children served were six years of age or younger. This demonstrates the strength the model possesses in meeting the needs of young preschool handicapped children.

Thirty-five percent of the 2,747 programs written were in the behavioral area while 34% were in the motor development area. This type of programming is representative of the preschool population served. It also indicates the strong need of parents to remediate the social behavior problems presented by their handicapped and/or non-handicapped child.

As indicated in Table 1, a total of 2,747 different programs were conducted with the 510 children. Of these programs 1,616

1, 1980. A successfully completed program was defined as one in which the objective had been met. Considering only the terminated programs, 79% were successfully completed.

Four hundred and twenty-two programs were not successfully completed which means that objectives were not met on this number of programs. The major reason for children not completing objectives was that they left the clinic and entered a classroom program. Typically when this occurs, clinic involvement is terminated and the responsibility is assumed by the classroom teacher. The second major cause of programs not being successfully completed was the fact that families moved from a clinic site before their objectives were successfully met. Over 85% of the objectives that were not successfully met, were not met because of one of the two factors stated above.

Approximately five programs per child were conducted by the parents *at any given time*. This should be considered as an average figure only.

Inservice Training

The core clinic at Teaching Research serves as the training site for all parent trainers in Oregon. The Teaching Research clinic has provided this training service since 1973. Each year Teaching Research has trained from 6 to 12 parent trainers. The yearly number is dependent upon the number of new clinic sites being established and staff turn-over in existing sites.

Through a federal training grant that was awarded in 1979, Teaching Research has been able to offer parent training to individuals from states other than Oregon. Since the inception of this grant eight individuals from out-of-state have been trained.

During the 1980-81 school year the Mental Health Division contracted with Teaching Research to train nine parent trainers. In addition, two individuals from New Hampshire were trained. These eleven individuals were trained in three one-week training sessions that were held during the year.

While training was being conducted, the trainee's performance was monitored on the basis of their meeting a set of training objectives. There are eighteen separate objectives that the trainee period. These objectives are presented in Figure 1.

The eleven trainees had a combined total of 198 objectives that they had to meet (11x18). Of these 198 objectives, the trainees met 186 of them during the training week. Thus, 94% of the training objectives were met by the 11 trainees.

Follow-up was conducted throughout the year for the nine parent trainers in Oregon. The in-state parent trainers were provided follow-up on the regular eight-week schedule. During the year they establish their parent training clinic and they continued to expand their skills and meet the needs of the clients at their clinic sites. At the time of this report, the parent trainers from New Hampshire had not been provided with the follow-up visit. This will occur in the fall of 1981.

Workshops

As in previous years, two workshops were conducted at Teaching Research this past year. Topics such as assessment in visual acuity, motor development, audiology, and communication were presented. At each workshop, current projects and activities at Teaching Research were reviewed. One of the most beneficial presentations, as reported by the parent trainers, were those involving actual demonstrations with children. During this past year, programming demonstrations were conducted in the areas of motor development and feeding of infants. These demonstrations were conducted by the physical therapist consultant of the clinic.

Summary

The Parent Training Network is a statewide training project for parents of handicapped and non-handicapped children in Oregon. It has proven successful in a clinic setting, as well as in a home setting. The parent training model has been successfully replicated in other states such as Iowa, Washington, New Hampshire, and Rhode Island; however, no other state has implemented the model on a statewide basis. This is one of the unique features of the Oregon Parent Training Network. It is a program with statewide impact. To our knowledge, this is the only parent training program with statewide impact.

Table 1
Oregon Parent Training Network
Prescriptive Program Data
July 1, 1979 - October, 1980

County:

Categories		DD/TMR/EMR Number	%	Behavior Problems Number	%	Total Number	%
I.	Number of Families	376	74	134	26	510	100
	A. Terminated	166	44	78	58	244	48
	B. Families Active	210	56	56	42	266	52
II.	Children Served by Age	376	---	134	---	510	---
	A. 0-3	175	47	19	14	194	38
	B. 4-6	79	20	51	37	130	25
	C. 7-12	66	18	50	38	116	24
	D. 13-16	29	8	12	9	41	8
	E. Adult (16+)	27	7	2	2	29	5
III.	Number of Programs by Areas	2310	84	437	16	2747	100
	A. Self help	229	10	15	3	244	9
	B. Language	448	19	14	3	462	17
	C. Behavior	558	24	395	91	953	35
	D. Motor	914	40	3	1	917	34
	E. Academic	160	7	10	2	170	5
IV.	Status of all Programs	2310	---	437	---	2747	---
	A. Successfully Terminated	1360	59	256	59	1616	59
	B. Unsuccesssfully Terminated	340	15	82	18	422	15
	C. Ongoing as of October 1, 1980	610	26	99	23	709	26
V.	Status of all Terminated Programs	1700	83	338	17	2038	100
	A. Successfully Terminated	1360	80	256	76	1616	79
	B. Unsuccessfully Terminated	340	20	82	24	422	21
VI.	Average Number of Programs per Child	6.14	---	3.26	---	5.39	---

Figure 1: Parent Training Objectives

Individual Programming

1. Trainee will answer study questions covering required reading material.
2. Define 25 behavioral terms.
3. Conduct prescriptive programs in the areas of self-help, motor development and language.
4. Modify or update existing prescriptive programs based on data collected during the teaching session.
5. Trainee will demonstrate the ability to placement test utilizing the *Teaching Research Curriculum for the Moderately and Severely Handicapped* and establish appropriate programs for a child.
6. Trainee will demonstrate the ability to observe and conduct and describe a behavior program.

Intake

7. PTS will demonstrate knowledge of clinic format.
8. PTS will conduct a clinic intake session.

Behavior Management

9. PTS will design data collection procedure for:
   a) non-compliance
   b) self-indulgence
   c) aggression
   d) self-stimulation
10. PTS will analyze and compute the frequency, rate and percentage data for:
    a) non-compliance
    b) self-indulgence
    c) aggression
    d) self-stimulation
11. PTS will establish a terminal objective for:
    a) non-compliance
    b) self-indulgence
    c) aggression
    d) self-stimulation
12. PTS will design a remedial program using natural contingencies to remediate:
    a) non-compliance
    b) self-indulgence
    c) aggression
    d) self-stimulation
13. PTS will analyze data from remedial program:
    a) non-compliance
    b) self-indulgence
    c) aggression
    d) self-stimulation
14. PTS will analyze and specify data that contains:
    a) good day/bad day phenomena
    b) no change as a result of reinforcement program
    c) acceleration following ignoring/time out procedures
15. PTS will specify procedures for successful program fading for:
    a) non-compliance
    b) self-indulgence
    c) aggression
    d) self-stimulation
16. PTS will analyze data for toilet training.

Clinic Case

17. PTS will conduct a clinic treatment session.

Follow-up

18. PTS will specify the recommended follow-up procedures for a family following successful remediation.
19. Trainee will within six weeks after completion of training session contact each community agency appropriate for the parent trainer's community.

NEWS RELEASE

Computerized Information Exchange System Initiated

Teaching Research Division in conjunction with the member sites of the National Training and Demonstration Consortium for Severely Handicapped/Hearing Impaired (SH/HI) and the National Association of State Directors of Special Education (NASDSE) will initiate an "Electronic Bulletin Board" through the NASDSE "SPECIALNET" system. The "MULTIHANDICAPPED Electronic Bulletin Board" began on November 1, 1981.

The "MULTIHANDICAPPED Electronic Bulletin Board" will provide up-to-the-minute information on key topics related to school-age severely handicapped, with emphasis on the problems of hearing impairment. Initial content will include conference information, availability of personnel training resources, and other services offered by the Consortium. In addition, the Bulletin Board will attempt to provide interactive technical assistance by responding to field requests related to instructional programming and methods, "programs that work" and update current research. Finally, any participating agency or individual will be able to enter current information and make requests to the field through the "MULTIHANDICAPPED Electronic Bulletin Board" or by directly contacting the project coordinator.

For further information on the *NASDSE SPECIALNET*, contact:

SPECIALNET
National Association of State Directors of Special Education
1201 16th Street N.W., Suite 610E
Washington, D.C. 20036
(202) 833-4218

For additional information on the *MULTIHANDICAPPED Electronic Bulletin Board*, contact:

Dr. Robert Campbell, Coordinator
National Training & Demonstration Consortium for SH/HI
Teaching Research Division, Todd Hall
Monmouth, OR 97361 (503) 838-1220 X. 401 (TeleMail TRD)

NEW INTEGRATION MODEL AWARDED

The U.S. Department of Education has awarded Teaching Research a three year contract to develop, validate, demonstrate and disseminate an Integrated Educational Service Delivery Model for severely handicapped children and youth, between the ages of 0 and 18 years. The project will focus on an integrated model of services with a strong social interaction component. The following objectives will be targeted: 1) the development of an integration model utilizing peer tutor/advocates; 2) the development of a continuous assessment battery which would provide both placement and generalization data on a wide range of communication and social interactive skills and the development of a curriculum supplement which would include: non-verbal communication skills, receptive and expressive social interactive skills, expressive and receptive verbal communication programs directed at speech, manual communication and communication boards; 3) the development of generalization and maintenance programming to assure that the ultimate demands of the non-school environment are met; 4) the development of data based interactive training procedures utilizing small group training (two children); 5) the development of parent training programs to more appropriately design individual educational programs, facilitate acquisition and generalization of skills, and support family needs; and 6) the development of an inservice training

model to be used with the total educational community involved with severely handicapped children and youth. 'n the first year, the proposed project will be undertaken with Teaching Research staff and Central School District 13J staff cooperating in the coordination of the project activities. During this year, the project staff will work directly with the classroom staff and parents in a formative process of integrated program development, evaluation and revision. During this year progress of project students will be closely monitored across a range of social and communicative measures. In the second year, two replication classrooms will be added to the project and evaluation efforts will be expanded to identify the critical factors essential for effective replication of the program model. Second and third year activities will also include monitoring the maintenance of project activities as the project staff are faded. Third year activities will focus on disseminating project materials and procedures on a national and statewide basis. For additional information, contact: Kathleen Stremel-Campbell, Project Director, Teaching Research.

TEACHING RESEARCH PUBLISHES NEW TOILET TRAINING BOOK

The fourth edition of *Toilet Training the Handicapped Child* has just been released. This edition expands previous information presented on toilet training the handicapped child by describing in detail the establishment of long and short term objectives which are suitable for IEPs, establishes separate recording systems for school and home, and takes the child through basic urination training, bowel movement training, requesting to go potty, independent potty going, and dry nights.

A number of special problems are treated in the book. Procedures are described for the child who refuses to sit on the toilet, the child who is not making it, the child who reverts, the child who is partially trained, the child who refuses to urinate, the child who dribbles. The program is designed to reduce the frustration levels of parents who are coping with toilet training problems. It is not an intensive program designed to cure toilet training in a day or week, but allows a systematic approach at a pace that the parent chooses, yet still guarantees success.

This book may be purchased from Instructional Development Corporation, PO Box 361, Monmouth, Oregon 97361 at the cost of $4.75.

STEPHANIE MARIE GWYNN

A memorial fund has been given to Teaching Research for the purchase of equipment and toys for the preschool handicapped classroom and parent training clinic. Stephanie was the Down's Syndrome daughter of Steve and Lydia Gwynn who reside in Lincoln City, Oregon. A special thank-you to all who contributed.

Recent Articles by Staff

Templeman, T., and Fredericks, B. Assumptions of outreach model development in training *Outreach proceedings of 1980 HCEEP outreach project conference* 1980, Ypsilanti, HIGH SCOPE Press.

Fredericks, B., Baldwin., Moore, M., Templeman, T.P. and Anderson, R. The Teaching Research data based classroom, *Journal of the Association for the Severely Handicapped*, 1980, 5 (3), 211-223.

Fredericks, B., Baldwin, V., Moore, W., Templeman, T. What is a reasonable cost of appropriate education? *Journal of Autism and Developmental Disorders*, 1980 10 (4), 459-472.

MATERIALS CATALOG

Materials developed by the Teaching Research Infant and Child Center

Baldwin, Victor L., Fredericks, H. D. and Brodsky Gerry *Isn't It Time He Outgrew This?* or *A Training Program for Parents of Retarded Children*. Charles C. Thomas, Publisher, 301-327 East Lawrence Avenue, Springfield, Illinois. 1972. $13.50

Fredericks, et al, *Toilet Training the Handicapped Child*, 4th Edition. Instructional Development Corporation, PO Box 361, Monmouth, Oregon 97361, 1981. $4.75

Campbell, B. & Baldwin, V. (Eds.) *Severely Handicapped/Hearing Impaired Students: Strengthening Service Delivery*. Paul H. Brooks Publishing Co., PO Box 10624, Baltimore, Maryland 21204, 1981. $15.95

Fredericks, H. D. *et al, A Data Based Classroom for the Moderately and Severely Handicapped* Instructional Development Corporation, PO Box 361, Monmouth, Oregon 97361, 3rd Edition, 1979. $11.00

Fredericks, H. D. *et al, The Teaching Research Curriculum for Moderately and Severely Handicapped: Self Help and Cognitive Skills*, Charles C. Thomas, Publisher, 301-327 East Lawrence Avenue, Springfield, Illinois, 1980. $17.75

Fredericks, H. D. *et al, The Teaching Research Curriculum for Moderately and Severely Handicapped: Gross and Fine Motor Skills*, Charles C. Thomas, Publisher, 301-327 East Lawrence Avenue, Springfield, Illinois, 1980. $17.75

Developmental Charts to accompany Self Help and Cognitive Skills Curriculum and Gross and Fine Motor Curriculum, Charles C. Thomas, Publisher, 301-327 East Lawrence Avenue, Springfield, Illinois, 1980. $3.50 each volume

Fredericks, H. D. *et al, The Teaching Research Curriculum for Moderately and Severely Handicapped: Language Skills* Teaching Research Publications, Monmouth, Oregon 97361, 1980. $25.00 (with picture cards $30.00)

Dunn, J. M., Morehouse, J. W., Anderson, R. B., Fredericks, H. D., Baldwin, V. L., Blair, F.G., Moore, W. G. *A Data Based Gymnasium: A Systematic Approach to Physical Education for the Handicapped*. Instructional Development Corporation, PO Box 361, Monmouth, OR 9736', 1980. $11.00

Gage, M. A., Fredericks, H. D., Baldwin, V. L., Grove, D. N. and Moore, W. G. *Group Homes for Developmentally Disabled Children*. Instructional Development Corporation, PO Box 361. Monmouth, Oregon 97361, 1977. $7.00

Fredericks, H. D., Makohon, L., Heyer, J., Bunse, C., Buckely, J., Alrick, G. and Samples, B. *The Teaching Research Curriculum for Handicapped Adolescents and Adults—Personal Hygiene*, Teaching Research Publications, Monmouth, Oregon 97361, 1981 $10.00

Recommended Reading

Edrington, Melva. *Friends*, Instructional Development Corporation, PO Box 361, Monmouth, OR 97361, 1979. $6.75

To purchase the above or to obtain further information about the publication, please contact the publisher listed for each document.